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January 19, 2005

Number of Pages: 10

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
NABIL L. MUHANNA, M.D.) Examiner: **Stokes, Candice C.**
Serial No: **10/047,587**) Art Unit: **3732**
Filed: **January 15, 2002**) Attorney Docket no: **M112 1100**
For: **INTEVERTEBRAL DISC PROSTHESIS AND METHODS OF IMPLANTATION**

THIRD AMENDMENT AND RESPONSE

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PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0651-0931

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First Named Inventor

Part Unit

Examiner Name: _____

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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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James T. Keay

Typed or printed name Pam Tumbough

Date January 19, 2005

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PTO/SB/17 (12-04/2)

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*Effective on 12/08/2004.**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	.00
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Complete if Known

Application Number	10/047,587
Filing Date	January 15, 2002
First Named Inventor	Nabil L. Muhanna
Examiner Name	Stokes, Candice Capri
Art Unit	3732
Attorney Docket No.	M112 1100

METHOD OF PAYMENT (Check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) Fee (\$) Fee (\$)

Each independent claim over 3 (including Reissues) Fee (\$) Fee (\$)

Multiple dependent claims Fee (\$) Fee (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
17 - 20 or HP =	34	x 25.00	= .00		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
8 - 3 or HP =	13	x 100.00	= .00		.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<u>Dana E. Stano</u>	50,750	404-879-2437
Name (Print/Type)	Dana E. Stano		Date January 19, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENTS

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NABIL L. MUHANNA, M.D.) Examiner: Stokes, Candice C.

Serial No: 10/047,587) Art Unit: 3732

Filed: January 15, 2002) Attorney Docket no: M112 1100

For: INTEVERTEBRAL DISC PROSTHESIS AND METHODS OF IMPLANTATION

THIRD AMENDMENT AND RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 20, 2004, please enter the following amendments and consider the following remarks.

In accordance with 37 C.F.R. 1.121, the present amendment is submitted in separate sections as follows.

1. Amendments to the Claims, presented as a Listing of Claims, begin on page 2 of this paper.
2. Remarks begin on page 6 of this paper.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being sent via facsimile to Examiner Stokes at facsimile number 703-872-9306 on January 19, 2005.



Pam Turnbough